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CONSULTATION WITH HOMŒOPATHISTS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I read with great interest the communication in your JOURNAL of the 8th inst., from "Senex," entitled "Consultation with Homœopathists." The liberal and catholic spirit which pervades the article cannot fail to win, or rather to command, the admiration of all who read it. At first I was almost persuaded to be of his faith, and to believe that my previous convictions were wrong. But a longer reflection, a sober second thought, when the subject was divested of the charm which the winning language and philosophic spirit of Senex had thrown around it, carried me back to the position which I had previously occupied. It seemed to me that there was a fallacy in his statements, which, if it really exists, ought to be pointed out.

In the first place, let me say that no one can do greater honor and reverence to those who hold to charity as the greatest of the virtues, than I do, or can look upon bigotry, either in religion or in medicine, with greater abhorrence. I agree cordially with Senex that one party has no right to proscribe another "merely on account of a difference of opinion." Where opinions only are concerned, we have no right to judge or condemn those who differ from us. Let us see how it is that the matter before us really stands; for I am sure that Senex, in whom I recognize one of the most honored and loved physicians that our country has ever been favored with, I am sure that he, like Robinson, the faithful pastor of the Puritans of the Mayflower, would desire us to follow him only so far as he follows the truth.

It is true that the two parties are, "on the one side *we*; we, who are denominated, very unjustly, Allopathists," and on the other side this modern sect, who have christened themselves Homœopathists. But is it true that *we*, who belong to the larger sect and the conservative side, object to the new school and its followers on account of their opinions *solely*? Your correspondent thinks that we do. Herein lies the fallacy of his statement. It seems to me that such is not at all the true ground of our objec-

tion and opposition. There always have been, and there always will be differences of opinion among medical men on medical subjects. Old theories will ever be giving way to newer, and, it is to be hoped, better ones. It is not because the theory of the Homœopathist is in our view wrong, that we object to him and refuse to consult with him. He has a right to his own opinions and to his own therapeutics. For these, I have no wish to quarrel with him. If he can honestly believe in infinitesimals, let him use them and not be proscribed for it.

The matter will be made a little clearer if we look fairly at the position of the two parties.

The regular members of the profession offer to the public the best management of disease which the science and art of the day can afford. This, at least, they profess to do. They do not profess to agree exactly with each other. They also profess not to recognize as physicians those who are ignorant of medicine or who are charlatans. That is, they propose to guarantee to the public two things: first, a certain amount of education on the part of regular physicians; and secondly, freedom from dishonesty. They do not condemn or proscribe those, who, being properly educated, may sincerely adopt certain peculiar notions in therapeutics and practise upon them.

On the other side, the Homœopathic sect do adopt certain peculiar views. Unlike regular physicians, they profess to guarantee to the public a peculiar management of disease, and are not particular about the education of their practitioners. They even go farther. They not only adopt certain peculiar views, but they proscribe all who do not agree with them. They not only say they are right, but that we are wrong. More than this, taking medical discussion out of its legitimate sphere, they go to the public and condemn us to the public as full of prejudice and error, and not to be trusted. The intolerance and bigotry is on their side. We examine their views, weigh them carefully, observe their practice and try it. Finding them to be wrong, we do not follow them. Straightway, they condemn us to the public in unprofessional journals and elsewhere. They claim the entire truth for themselves. They hoist a peculiar flag of their own. We decline to sail under it. Then, keeping up their own flag, they claim, by asking consultations with us, to sail under ours also. This, I say, we have no right to let them do. I do not now bring their medical views, at all, into question. I only say that, claiming to be a peculiar sect, and to possess the whole truth, or a certain amount of it which we do not, they designedly put themselves into direct and professed opposition to us. They do not claim to be part of the regular profession, but to be something else, and to be something better. They ask us to recognize them as regular physicians, while they do not recognize us as physicians at all, at least to the public out of whom they get their living.

Now, what is a consultation? It is a conference of two physicians upon a certain case for the benefit of the patient. Is there nothing more than this in it? I think there is. A consultation is not only a conference, but also an endorsement by the two physicians of each other. When Senex consults with a Homœopathist, he not only gives to the patient the benefit of his advice and long experience, but he gives to the public his sanction of the position which the latter has taken as an antagonist of the regular profession. He may say that he does not agree with the Homœopathist; but this statement does not go beyond the family of the patient and his medical attendant. The public only know that a regular physician, of the highest standing, has consulted with one, who at least *belongs* to a sect that proclaims open war upon the profession. The fact *may be* regarded by the patient as a sort of capitulation of the irregular to the regular practitioner. It *is* regarded by the public as just the reverse, a capitulation of the regular to the irregular. The consultation which benefits the body of the patient, damages the body of the public, by damaging the medical profession.

I object, then, to a consultation, not because the Homœopathist holds different views from me; but because, holding different views, he condemns and derides me, and by consultation with him I tacitly acknowledge his condemnation to be just. So long as he holds up a peculiar flag and one different from mine, I cannot in any way acknowledge his. Let him recede from his position before the public as one who holds a peculiar position, and come under the broad flag of legitimate medicine, and then he may hold whatever views he conscientiously can, and advocate them, and then I can consult with him, even if he does differ in his opinions from me.

Let me state briefly in another form what appears to me to be the true position of the regular profession in this matter. In the first place, a consultation is not only a serious deliberation upon some medical case, but it is an endorsement by the consulting physician, not of the metaphysical medical theories of the attending Homœopath, nor of his practical therapeutics, but of his position as a trustworthy and honest physician. No matter what private statements may be made to the contrary, a consultation practically endorses the avowed position of the attending physician. Now no regular physician can, in justice to himself, to his brethren or to the public, do that which endorses a false position—which gives to a counterfeit the stamp of true coin. In the next place, every Homœopathist, putting his opinions of medical matters altogether aside, stands in a false position. He raises a peculiar flag. He openly arrays himself in opposition to the regular profession. He claims to know more than they do. He professes, when he proclaims himself a Homœopathist, by the simple fact of that announcement, that he is a medical sectarian; that he is right; that others are wrong; that he has knowledge, which they do not have;

that he has weapons which they do not use. By assuming this position, by raising this peculiar flag, he becomes, or rather he voluntarily makes himself, an avowed antagonist of *us*. Lastly, a consultation, however much we may refine about it, virtually acknowledges this antagonistic position to regular medicine as just and proper. Herein lies the mistake. By refusing to consult with a Homœopathist, we do not persecute or proscribe him. We simply refuse to acknowledge the position he assumes. And this we ought to do. Whenever the Homœopathist will pull down his sectarian banner, when he will cease to avow himself an enemy of the regular physician, when he will come beneath the broad folds of the banner of legitimate medicine, which knows no sect or nation, no race or clime, and whose only motto is *Veritas*, then, and not till then, we can fraternize with him, and by so doing recommend him to the public as an honest man and not a charlatan. Honesty is of more value to the public in a practitioner than any peculiar theory. The present position of Homœopathy is dishonesty. Consultations sanction that position. They tacitly call black white, and therefore regular physicians cannot consult with Homœopathists.

JUNIOR.

MENSES RETAINED FROM OCCLUSION OF THE OS UTERI.—OPERATION BY A. B. SHIPMAN, M.D., OF SYRACUSE, N. Y.

REPORTED BY WM. H. PALMER.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. H., residing in Fayetteville, Onondaga Co., N. Y., aged 27 years, and the mother of three children, aborted in January, 1857. The placenta was retained ten days; and when it was removed by the attending physician, symptoms of fever and peritonitis followed, with tenderness of the abdomen, and a profuse and offensive discharge from the vagina. Soon, however, she recovered, and resumed her domestic duties.

On the first of May, the attention of her physician was called to the fact that the catamenia had not as yet returned, and that all attempts by her husband at coition were unsuccessful, and attended with much pain. Soon, a small tumor appeared in the right iliac region, increasing week by week, while the difficulty at coition remained as before. Motion was now felt by Mrs. H., which was thought by herself, her physician and others, to be fetal.

She first consulted Dr. Shipman on September 20th, 1857. Her figure was small and slender, and her health was good, with the exception of expulsive pains recurring weekly, and lasting for days together. The tumor in the abdomen was large, movable from side to side, and, on auscultation, gave indication of motion, as of fetal life, though quite deceptive.

By an examination *per vaginam*, the finger passed about two

inches into the canal, which terminated in a *cul de sac*, or rather an uniform, convex surface, on which not the least indication of an os uteri could be felt. There was little or no induration, but much tenderness, especially at the conjunction of the vagina with the convex surface above mentioned; which tenderness, however, was much more acute where the tumor was reached and plainly felt by the rectum.

Diagnosis—Retained menses since recovery from abortion.

Prognosis—Favorable. The operation was performed on Sept. 27th, Drs. J. O. Shipman and Lord assisting.

Having emptied the bladder by the catheter, one finger being in the rectum, a puncture was made with a large-size trocar, which was immediately followed by a copious discharge of dark, inodorous fluid, thick and tar-like in consistence, and to the amount, including the few following days, of nearly four quarts. The canula was retained in place till after the second subsequent catamenial period, since which time there has been no difficulty in the menstrual function, and she is now as well as ever.

What was the cause of this occlusion? Was it the result of abortion, natural or criminal? of retroversion of the uterus? or of ulceration? If the latter, what was the cause of it, and why was there absence of all induration? If from retroversion, why was there not the usual disturbance of the urinary function? The attempt at abortion by criminal means is denied by the patient.

Syracuse, N. Y., April 1st, 1858.

CASE OF CHOREA TERMINATING IN IMBECILITY, WITH SOME
OBSERVATIONS ON THE CAUSES OF IDIOCY.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE L., a tall, pale lad of lymphatic temperament, æt. 13 years. He was physically a fine-looking boy, with a well-formed head, measuring 22.8 inches in its greatest circumference, having a fronto-occipital arc of 15 inches and a bi-temporal diameter of 6.3 inches. He had been afflicted with choreal convulsions since he was 4 years old, and, during a part of the time, had been under treatment for hydrocephalus, as well as for those irregular muscular actions. Three years ago, he was considered an active, intelligent boy, but shortly afterward he began to evince an unnatural inclination to sleep, and when not asleep was almost constantly drowsy, or else so irritable and vicious as to be nearly unmanageable. At the time he came under my notice, his countenance had acquired an expression of vacancy, indifference and languor indicative of complete fatuity. Most of the anti-spasmodic and contra-stimulant medicines had been successively employed in this case, without alleviating in any degree the violence of the disorder.

The disease had lasted nine years, without intermission, and the boy had, moreover, either an hydropic or an hypertrophied brain, for which I do not know what remedies he had taken. I found him, on the 24th of January, ailing with slight fever and some catarrhal symptoms; his left lung passed rapidly through the phases of pleuro-pneumonia inflammation, and he died the following Monday, apparently *without having suffered any pain or serious uneasiness*.

A *post-mortem* examination, conducted sixteen hours after death, revealed the following pathological changes. The cranial plates were unusually thick, and from the intersection of the coronal and sagittal sutures two stalactitic growths of bone penetrated the brain. The cerebral membranes were very much thickened, and covered on their serous surfaces with a white spongy exudation. The whole mass of the brain was exceedingly hypertrophied. An examination of the viscera afforded some interesting facts. About three quarts of effused fluid, filled with flocculi of lymph, were obtained from the cavity of the thorax. The lower lobe of his left lung was completely *carnified*, proving its pneumonia to have supervened upon copious pleuritic effusion. The pericardium and peritoneum resembled the cephalic membranes, being very much thickened and covered with a whitish exudation. There seemed to have been an universal inflammation of all the serous membranes in the body, and yet its existence was so masked under the apathetic *morale* of the patient, that it would hardly have been suspected in the absence of physical signs.

The pathological history of this case appears to suggest a fundamental relation between sanity and idiocy. A boy four years of age becomes affected with a functional disorder, to arrest which all the ordinary remedial agents are fruitlessly employed for several years. In his tenth year he begins to exhibit symptoms of organic disease of the brain, with signs of mental alienation, and in a period of a little more than three years becomes transformed from an amiable, intelligent lad into a peevish and vicious imbecile. Which was the first link in the chain of pathological causations? Were the chorea, hypertrophy, chronic meningeal inflammation and idiocy merely pathological phases of a malady engendered by the irritable presence of the enostoses in their various periods of growth? or was the so-called functional ailment the result of a more recondite morbid impression upon the nervous and sensorial systems, inducing by irregular innervation those troublesome convulsions? The first suggestion appears more reasonable, from the fact that the disorder not only increased in severity during the six years prior to the period when cephalic disease began to be suspected, but in the subsequent three years of the patient's life there was hardly an hour in which the disease did not manifest itself. They are, moreover, obvious and sufficient, and therefore probable causes of such pathological changes.

Idiocy has commonly been defined as a mental or functional infirmity, and because cadaveric examinations often fail of indicating precisely the causal organic lesion, the idea of even a probable lesion is ignored, in apparent forgetfulness of the fact, that functional diseases always imply organic changes of structure. Five brains in every ten we examine may appear perfectly normal; the pathologist, after the closest scrutiny, can discover no visible lesions, and can only speak of perverted functions, because his scalpel, and possibly his microscope, fail of apprehending the *chemical* alterations of structure. We know that every motion, every manifestation of thought, results in a change of the structure of the substance of the brain; that every conception, every mental affection is followed by changes in the chemical nature of the secreted fluids; that every thought, every sensation, is accompanied by a change in the composition of the matter of the brain—and, moreover, we know it is a fundamental law of chemical action that certain bodies may assume different and distinct chemical qualities, while retaining the *same sensible* properties. The mind of an idiot would be symmetrical and vigorous in its action, provided the engine of mental force worked less rustily, with no apparent microscopic or chemico-pathic defects to impede its harmonious movement. The argument would manifestly be as unsound to deny the probability of *material* lesions in cases where there were no *evident* pathological alterations of structure, as it would be to argue positively that we have reached the boundary line of animalcular life, because the strained endeavor of a powerful Spenserian instrument has proved insufficient to penetrate beyond certain monadal life-specks, and whose anatomical structure *it* even has failed to determine. Who would have believed, a hundred years ago, in the marvellous discovery of Ehrenberg, that whole strata of the earth's crust were only the mummied remains of microscopic masons!

I have only space to allude to Lassaigne's and Combe's analyses of human brains; but they develop a curious relation between the deficient mental energy of idiocy and the excessive mental energy of insanity. The mean of several analyses showed a smaller proportion of water and salts in the former, coupled with an abnormal excess of albumen and fat in the latter. The idiot brains, moreover, were uniformly deficient in phosphorus, and Cabanis had previously observed that the brain of a furious maniac is often highly phosphorescent.

From the early days of medical science until the beginning of the present century, idiocy ranked among the incurable maladies of humanity, and all that was known of its nature could be expressed in the simple proposition, "an idiot is an individual who does not possess a great deal of wit." The poor imbecile was regarded either as an encumbrance, to be removed by the readiest means, or else inflexible ignorance condemned him as hopelessly obstinate, and adjudged him worthy of stripes along the roadways, or more mercifully im-

molated him upon the altars of Circe. No provisions were made for his protection from personal injuries, and no attempts were made to recover him from his brutishness. But we have learned, first by speculation, and secondly by experience, that whatever morbid impression be the cause which produces idiocy, whether it be a recondite chemico-pathic influence, or a more obvious pathological cause, the waning intellectual force is only the last link of a chain of pathological gradations, beginning with one and including a portion or all the neuroses. And we have learned of that dire infirmity, moreover, that whatever be the inducing cause, it is very often susceptible, to a greater or less extent, of remedial influence.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 8th.—*Circumscribed Cancer of the Stomach.* Dr. ELLIS showed the specimen, which was from a patient of Dr. BIGELOW, who gave the following brief history of the case.

The patient was a farmer, aged 70 years, who had had nausea in the morning for three years past. He had suffered, more or less, from pain in the region of the epigastrium for three months, and for the last six weeks, until within one week of his death, he had had nausea and vomiting. The matter vomited was watery, and had an offensive smell. There never had been vomiting of grumous or other matters which would throw any light on the nature of the disease. He became, at last, wandering, somnolent, and comatose, and died a day or two since. He had had difficulty of urinating, which required the use of the catheter.

Sectio Cadaveris, by Dr. ELLIS. With the exception of some changes in the brain incident to old age, nothing remarkable was noticed in the head. In the smaller curvature and posterior wall of the stomach was a morbid growth about three inches in diameter, and rising, perhaps, an inch above the surrounding surface. Its upper surface was irregular and of a dark-red color. Portions like coagula separated with ease. On incision, the growth was found to be of a whitish color and moderate consistence. It had evidently originated in the submucous cellular tissue, but in its advanced stage involved all of the coats. Some slight irregularity of the surface was noticed in the neighborhood, but the disease was remarkably circumscribed. A detached nodule, about four lines in diameter, occupied the submucous cellular tissue just within the pylorus. Though the orifice itself was free, the position of the diseased mass was such as appeared to interfere with the escape of the contents of the stomach into the intestine. The muscular coat did not appear to be thickened.

On microscopic examination, the growth proved to be of a malignant character.

The prostate was twice as large as usual, and contained quite a number of minute calculi.

FEB. 22d.—*Fatty Degeneration of the Muscles of the Leg.* Dr. H. J. BIGELOW showed the specimen.

The patient, a woman 56 years old, had had ulcers on the left leg for ten years, one situated over the external malleolus, measuring about one by two inches; the other commencing two inches above, and running spirally upward two thirds around the leg. She fell from a ladder ten years ago, the bruises then received resulting in the ulcers alluded to. A year ago in July, she was run over by a carriage, the wheel passing over the ulcers. Considerable inflammation followed, since which their progress had been more rapid. The leg was amputated by Dr. Bigelow, Feb. 20th, and the muscles of the leg were found to have undergone extensive fatty degeneration, the result, obviously, of protracted rest, co-existent with a low degree of inflammation; an appearance not unusual, but rarely so well marked as in this case.

FEB. 22d.—*Compound Fracture of the Ankle-joint; Amputation.* Dr. BIGELOW also exhibited this specimen.

The patient was an Irishman, aged 60, who entered the Hospital, Dec. 22d, with compound fracture of the bones of the leg, just above the ankle. There was a ragged opening just above the internal malleolus, of the size of a quarter of a dollar, through which the bone could be felt. The foot and ankle were much swollen, and there was great displacement outward. The leg was amputated by Dr. B., February 20th.

Dr. B. remarked that formerly it was customary to amputate in injuries of this nature; but subsequently, and of late, much had been said, and, indeed affected, as to saving the leg in cases of bad compound fracture. He would not here allude to the common indication to be derived from the condition of the vessels, nerves, &c.; but after the experience of a considerable number of these cases, he felt justified in saying, that great uncertainty attends the result of an attempt to preserve the limb; that while the worst cases sometimes recover, the most promising cases do badly. Where amputation is not performed, the patient may soon commence a downward course, and the operation is postponed from day to day in the hope of some improvement, until the patient's chances are greatly diminished. On the other hand, in cases of recovery after bad compound fracture at the lower part of the leg, the patient is generally bed-ridden for many months, and dependent upon crutches for one or two years; circumstances to be considered in the case of a laboring man.

FEB. 22d.—*Adipocere.* Dr. ELLIS showed the specimen, which was received from Dr. H. W. Thayer, of Keene, N. H. It was taken from a body that had been buried for eight years, and its thickness comprised all the tissues of the part, from the skin to the bone. All the soft parts of the body were converted into this substance.

FEB. 22d.—*The advantages of Ether over Chloroform as an Anæsthetic Agent.* Dr. HODGES read a passage from the last edition of Erichson's work on Surgery, in which the author expresses a decided opinion in favor of the safety of ether over chloroform as an anæsthetic.

Dr. H. thought the remark important, as evincing a commencing change in the minds of British surgeons with regard to the two agents; chloroform having been hitherto generally employed in England, while in this country it has to a great extent been superseded by ether.

The Secretary remarked that Mr. Erichson was first called upon to

express his views on this subject, in a letter in reply to the inquiry of Dr. S. D. Townsend, why chloroform was still employed in England in preference to ether; these views being the same as those published, to which Dr. Hodges had referred, and expressed in language almost identical.

This letter was read before the Society in September, 1856. (See *Society's Records*, Vol. III., p. 34.)

MARCH 22d.—*Cancerous Tumor of the Larynx.* Dr. BOWDITCH showed the specimen and reported the case.

Mrs. —, of Boston, æt. 47, Dr. B. saw for the first time, Dec. 25th, 1857. Her history was as follows. She was never very strong; had been liable to ulcerated sore throat from childhood, perhaps twice every winter, till the past ten or twelve years. Within this latter period her health had been good, until three years past. During these three years she had been growing gradually hoarse, with, at times, complete aphonia. No cough appeared until two weeks before Dr. B.'s visit, and it had never been severe. Her general health had been rather better than previously, except that she had been more easily fatigued. Her menses had been lessened during the three years, and there was, finally, amenorrhœa for eighteen months. She had never been confined to the bed. The hoarseness had been worse during East winds, and country air had always been unfavorable. For two weeks she had had cough, with expectoration of a very small quantity of very adhesive mucus. During the night, this obstructed her breath, and prevented easy sleep. There were no real asthmatic attacks. Her appetite had been small, and her bowels regular. She had had no soreness of the chest until two weeks before Dr. B.'s visit; and never real dysphagia during the past year, but all her troubles were referred to the larynx.

On visiting her, Dr. B. found a medium-sized, intelligent woman, looking not very unhealthy, nor emaciated. The most prominent symptom was a very hoarse voice. She complained that it hurt her to talk, and that the "air passage seemed not larger than a knitting needle." There was no distinct tenderness or enlargement of the pottum Adami. The throat looked a little red, with a few enlarged follicles in it. The epiglottis could be seen, and was healthy. The pulse was 60, and quiet, and the skin was normal. She was able to go out and to attend somewhat to her household duties.

The physical signs about the chest were very obscure. There appeared, perhaps, a little less expansiveness about the respiratory murmur at the upper part of the left chest, but no positively morbid sound.

She had been under the care of several physicians, and all considered her case hopeless. Various remedies, local and general, had been resorted to, without the least relief to the hoarseness. Dr. B. ordered a solution of nitrate of silver, in the proportion of one drachm to the ounce of water, to be applied with a sponge every other day; also to gargle with sparkling cider, and to take two drops of fusel oil in whiskey, three times daily, with a generous diet and daily exercise out of doors.

On Dec. 31st, the voice was decidedly clearer, but the dyspnœa was augmented, and the appetite was lessened. The fusel oil was now omitted, and the following ordered; *R.* Angusturæ, ʒi.; wine, Oij. *M.* Wineglassful night and morning.

Jan. 3d.—Blancard's pills were ordered; the local treatment to be still continued.

15th.—The voice was almost clear, but the dyspnoea was evidently augmenting. It was constantly evident to the patient and bystanders. It was plainly difficult to inspire, and equally so to expire. The cough was likewise worse. Her strength had increased. The wheezing breath obscured all the sounds in the chest, but still nothing positively morbid was discovered. *R.* Syrup tolutem, \mathfrak{z} ij.; ext. conii, \mathfrak{z} ss.; acid. hydrocyan., gtt. xvi. *Si. p. r. n.*

26th.—Greater dyspnoea, and no appetite. Pulse 84. Patient was evidently getting worse. The nitrate of silver was omitted, and cod-liver oil, with mucilage of gum acaciæ and syrup tolut., equal parts, were ordered.

A little turtle oil was injected into the larynx, night and morning, with great comfort. The nights became worse. Patient could not sleep but a few moments without a sensation as of suffocation. To sum up the whole case in one expression, she seemed gradually dying by a process of slow strangulation.

The symptoms and treatment continued about the same until March 17th, except that the former were gradually augmenting and the strength lessening. March 16th, the record shows the mind perfectly clear, but the patient desirous of dying, because she was so "*tired of breathing*;" could not swallow without choking. Pulse intermittent.

All treatment omitted. The injections were discontinued the previous evening. She died on the 20th, about midnight, without agony, and apparently while asleep.

Sec tio Cadaveris on 22d.—Body, not much emaciated: one inch thickness of fat along trunk; cartilages of ribs very strongly ossified. Internal mammary vessels distended. The lungs had a pinkish hue and looked perfectly healthy. Only a slight adhesion at the apex of the left. They seemed as if strongly inflated, but no emphysema. Where adherent, there was a small depression, and the lung was condensed there, in amount less than the size of a half filbert. There was also a very small collection of crude tubercles, evidently recent, in the lower part of the upper lobe. A similar group in the apex of the lower lobe of the right lung. On incision, the lungs collapsed freely, and were perfectly healthy, with the above slight exceptions. The heart had a white patch on it. The organ was healthy. Fluid blood and coagula existed in both sides, but not in great quantity. The abdominal organs seemed perfectly normal.

The cause of death was a cancerous mass (so decided by the eye and by the microscope) of the size of a walnut, occupying the right ventricle of the larynx, and projecting downward into the trachea about half an inch. This mass must have interrupted the corresponding vocal cord, and contracted the rima glottidis almost wholly. It presented a red, lobulated appearance, with varicose vessels running over it. On cutting it open, a quantity of a whitish fluid was pressed out, which, by the microscope, was found filled with cancer cells. It had arisen in the cellular structure between the cartilages, and had not involved them. The epiglottis, &c., were healthy.

Dr. Bowditch remarked that the question of tracheotomy was suggested, but not accepted, because the patient was unwilling to have any operation done that would not certainly cure her. The autopsy

proved that no real good would have resulted from that, or from forcible entrance from above into the trachea by means of a probang.

APRIL 12th.—*Wound of the Liver.* Dr. W. E. TOWNSEND reported the case.

On Friday, Feb. 26th, shortly after 5, P.M., W. R. C. was stabbed in the epigastric region with a knife six inches long, an inch wide, and for three inches double edged. He was seen in half an hour by Dr. Clark, who found him sitting in a chair, very faint. He immediately had him laid upon a mattress, applied a compress and bandage to the wound, administered restoratives, and when he had sufficiently rallied had him carried to his home in Auburn court. Dr. C. was satisfied that the knife had penetrated the liver, and said there was not much external hæmorrhage.

Soon after 8, P.M., Dr. Townsend saw him and found him lying on his bed, faint and partially insensible. There was no bleeding from the wound. The pulse was rapid and feeble. He was ordered morphine and brandy, if necessary, during the night.

Feb. 27th.—Patient had a quiet night, and is this morning rational, complaining of no pain in the wound or elsewhere. Bowels full, but not tender. Pulse rapid and feeble. Skin hot. Breathing short. Some cough and hoarseness of voice. Reports that he has had a bad cold and cough for some days, but was otherwise well. No bleeding from wound. His water was drawn off, as he was unable to pass it while lying down; an enema was given, which operated well, and hot fomentations were applied to the abdomen. Half a drachm of sweet spirits of nitre was ordered every two hours. Bandage not disturbed.

28th.—Abdomen softer, not tender on pressure. Patient passes water freely; no pain from wound. Slight yellow tinge about the eyes. The compress being displaced, the bandage was removed. The wound, an inch long, with pointed ends, was in the epigastrium, a little to the right of the median line, and just outside the cartilages of the sixth and seventh ribs; during this day there was an oozing of dark colored blood from the wound. Cough and other symptoms about the same. Ordered Brown mixture, p. r. n.

March 1st.—To-day, more feverish and more yellow. Pulse 130. Tongue coated. Patient is inclined to doze. *R.* Calomelanos, gr. v.; jalapæ, gr. x. *M.* To be followed by oil and lemon juice, if necessary. Oozing from wound continues.

2d.—Medicine operated well; patient feels brighter and much relieved. No tenderness or hardness of bowels. Pulse 110. Flow of blood from wound ceased. Yellowness increases. Omit fomentations and nitre.

3d.—Feels much better. Cough diminishing. Pulse 98. Light colored discharge from bowels. Yellowness intense. Asks for, and is allowed, chicken broth.

4th.—Is not so well this morning. Was rather flighty yesterday afternoon, and slept none in the night. Slight appearance of pus from wound to-day. Pulse slower; skin cooler; cough better. Broth advised to be continued, as he appears to relish it. Apply to wound spongio piline, and *R.* Extracti valerianæ fluidi, \mathfrak{z} i.; morphinæ sulphatis, gr. i. *M.* One drachm every two hours.

During this day he became more delirious, striving constantly to get out of bed, seeing objects on it, and persons in the room; his hands trembled, he talked incessantly, and presented well-marked

symptoms of delirium tremens. The valerian was continued during the night, and wormwood tea given him to drink. He had this night two or three hours sleep, and on the next day, March 5th, was quieter, though he still talked constantly. During this time the yellowness became of a deep orange color, which did not fade in the least till after the commencement of the *post-mortem* examination.

On the morning of March 6th he was decidedly better; he had slept well through the night, his mind was clearer, and he complained only of feeling stiff and sore all over his body. Pulse 96. Tongue cleaner, though it had never been badly coated. The discharge from the wound had increased. His urine was very high colored. Some time during the day he had a slight attack of nose-bleeding, to which, by report of his wife, he was subject; this returned about noon of the next day, when it was checked by cold affusion, but recommenced in the afternoon, and was again stopped by plugging both nostrils at the evening visit; this day his appetite failed him, and his wound ceased discharging, though his strength was not much reduced. The next morning, March 8th, he was reported to have slept none; he had low muttering delirium, and his pulse was feeble. Bleeding had begun slightly at 6, A.M., and continued till the time of the visit, when it was again stopped by further plugging the nose. Stimulants were administered as freely as he could be induced to take them, but he failed rapidly, and died at 5½, P.M.

Sec tio Cadaveris.—Body in good condition. Rigor mortis as usual. No ecchymoses visible. Skin and eyes very dark yellow. In the epigastric region, just outside of the cartilages of the sixth and seventh ribs, and to the right of the median line, was a cut an inch long through the skin; in the rectus muscle beneath, it was two inches long and irregular in shape, as if the muscle had contracted violently whilst perforated by the knife; this was surrounded by an ecchymosis to the extent of six or eight inches. Upon opening the cavity of the abdomen, the perforation of the peritoneum was almost closed, and the cut in the liver looked as if cicatrization had taken place; moderate pressure drew it open again, and showed just at the junction of the two lobes of the liver a wound two inches long, extending inward, downward, and to the right, some three inches, entirely perforating that organ, and terminating at its transverse fissure. The gall-bladder was very nearly empty. The liver looked healthy, though it was much enlarged, weighing six pounds and three quarters; it was not fatty. All the blood in the body was in a liquid state, and under the microscope gave evidence of the presence of bile. Almost all the tissues were stained a deep yellow. There was considerable effusion under the pia mater and in the ventricles. The brain was healthy, as were all the other organs examined, with the exception of the heart, which was covered with lymph from recent pericarditis.

Dr. JACKSON thought the yellowness of the surface in this case interesting as diagnostic of injury to the liver, and alluded to two or more cases of fracture of this organ, in which the same appearance was observed.

MARCH 8th.—*Scarlet Fever followed by Chicken Pox; Fatty Tumor upon the Head.* Dr. CABOT reported the case.

The patient, a child, entered the Hospital three weeks ago, with a tumor upon the back of the head, which came on three months after birth, and proved to be of a fatty nature.

Previous to coming to the Hospital, the child had lived in a house where there was scarlet fever and chicken pox. On the day after the operation for the removal of the tumor, the patient was taken with vomiting, and on the following day, a rash appeared upon the skin, and the case proved to be a mild attack of scarlet fever, being followed by an enlargement of the glands, and pain in the joints. As the disease subsided, chicken pox made its appearance over the whole surface of the body.

The tumor, Dr. Cabot further stated, was of about the size of a hen's egg, and flattened, situated on the median line, just beneath the occipital protuberance: it had a fluctuating feel and was translucent in appearance, resembling a cyst filled with fluid. The only question as to its diagnosis, was between encephalocele and an oil cyst. Dr. GAY alone suggested the possibility of a fatty tumor. On pushing the tumor to one side, a bony rim was felt which proved to be the occipital ridge, there being no depression.

With regard to the fluctuation of fatty tumors, Dr. JACKSON said that it had not been noticed by surgical writers, and he was inclined to question whether the difference in such tumors in this respect, does not depend upon the greater or less proportion in the tumor of fat to the fibro-cellular tissue.

Dr. J. alluded, in this connection, to a case of fatty tumor upon one of the fingers, reported by Dr. H. J. BIGELOW, some years since. This tumor so closely simulated a bursa mucosa that it was punctured.

Dr. J. instanced the fatty deposit beneath the *ligamentum patellæ* as liable to mislead a surgeon, who might infer the presence of fluid in the joint.

Dr. GAY alluded to a case of fatty tumor upon the back of the head of an adult, for which he operated. The patient said that it was not congenital. It had the same fluctuating feel as did that in Dr. Cabot's case, and all who saw it were in doubt as to the presence of fluid. No allusion was made to the possibility of its being of a fatty nature. The rim of bone was quite marked.

With regard to the diagnosis between encephalocele and cysts, Dr. WARREN thought it embarrassing. A child was brought to him some time since, with a large congenital tumor on the back of the head; it was firmly fixed to the skull, and its base surrounded with a bony ring, and it appeared to protrude from the cranium at that point. A cautious dissection was made, and the adherence between the cyst and the bone found to be very intimate. The tumor had made for itself a bed in the bone, from which the above appearances arose. Shortly after, another case presented, apparently similar, being also congenital. There was, however, no appearance of bony ring, or projection from the skull. With the advice of other surgeons, Dr. W. operated. In pursuing the dissection under the tumor, it was found that it communicated with the cavity of the cranium by a small aperture scarcely large enough to admit the finger, and directly under the centre of the supposed cyst. There was no elevation of the bone, and no symptoms which could have led to a diagnosis of the case. The shape of the tumor was perhaps not so globular as the cyst of the head, but still not elongated, as depicted in some of the books which treat of this malformation.

Bibliographical Notices.

Dysentery; its Pathology and Treatment—Clinical Lectures, &c. By ROBERT CAMPBELL, A.M., M.D.

DR. CAMPBELL suggests that pathologically there are two distinct elements in dysentery—*spinal irritation*, its *essence*, and inflammation of some portion of the mucous coat of the large intestine. Which is the parent and which the offspring may be obscure, but he brings forward evidence to show that the laws governing the various operations of the nervous system render it more philosophical to suppose that irritation in the spinal cord has preceded—"as witness the chill and fever that often first demand attention." Involved in these speculations is the "excito-motory" theory of Marshall Hall and the *excito-secretory* theory of our author's brother, Dr. Henry F. Campbell—vide paper in the *Transactions of the American Medical Association*, Vol. VI. Our limits will not allow any further explanation of Dr. C.'s peculiar and clearly stated views, though they are full of interest and instruction. As to treatment—for the fever (which is paroxysmal) give quinine, "that magnificent boon from Heaven to Earth"! * Give five-grain doses every two hours, till its effect is "heralded in by the *ringing of bells*." With emphasis he says, "give quinine in dysentery." This alone, he states, has broken up the disease. Sinapisms, blisters and cups, dry or otherwise, to the skin, are his adjuncts in treating the *cerebro-spinal* ingredient of the disease. In the local or intestinal element, he discards wholly the "opiate and astringent routine"—spares that "scapegoat" the liver, using mercurials in exceptional cases only. The "saline treatment," so prevalent at the South and South West, is regarded with more favor, and he gives it a place next his own in importance.

For the inflamed mucous membrane, the preëminent agent is turpentine: this membrane lines a canal which "must be kept open," so he combines with it castor oil, saponifying the oil with soda: suspends these in an emulsion of gum arabic and sugar, adds a sedative or anodyne (opium never—lavender he thinks a powerful sedative) and an aromatic. The "emulsion" certainly appears to have accomplished wonders, surpassing even the quinine. To secure "regular rest and resuscitation of strength," he gives an enema at night of $\frac{1}{4}$ to $\frac{1}{2}$ grain of morphia in from one to two ounces of cold water. The success following the above mentioned treatment, certainly warrants all praise from Dr. C.'s professional neighbors, and they seem to have appreciated it like true lovers of progress.

If in addition to originality, and boldness in stating his novel views, our author has a graceful and pleasing address, as is indicated by his enthusiastic and vivacious style, he must prove a very attractive lecturer to the students at the Jackson street Hospital. That he is, we doubt not, spiced as his lectures are with poetic quotations and occasional humorous allusions—the former in good taste, and the latter sufficiently dignified. His faults of expression are few; here and

* This exclamation, rather savoring of hyperbole, calls to mind what Sydenham says of opium in the same disease, the use of which Dr. C. so strongly condemns. "And now I cannot but acknowledge with gratitude the mercy of Almighty God, the Giver of all good, who has vouchsafed to mankind in its manifold afflictions, opiates, no other remedy being equally powerful for the subduing of many diseases or for effectually extirpating them," &c.—*Sydenham de Dysenteria*.

there we find a superfluous word disfiguring the construction of a sentence. We would query whether, had a New England lecturer used the word "cute" as on page 5, our Georgia friends would not pronounce it a *Yankeeism*? We notice "dubbed," "stove off," "blowing hot and cold," as not in good taste, and would suggest *most of*, instead of "almost all of." To us, *medicinals* is a new word. But we are not in a hypercritical mood; so pleased have we been with these lectures, that we should like more of his teachings—we might say, *their* teachings, for they have brought us, as it were, face to face with his confrère, Dr. Henry F. Campbell—*par nobile fratrum!* If "the Campbells are coming," we extend our hand. E. W. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1858.

MEDICAL EDUCATION.

THE subject of medical education seems likely to occupy a prominent place in the business of the approaching meeting of the American Medical Association, a special committee having been appointed at the last meeting to report a more complete and judicious plan of instruction than those now in existence, to be adopted by our medical colleges. The medical press has to some extent been preparing the mind of the profession for the discussion which is to follow, by endeavoring to arouse attention to the great importance of improvement in our means of imparting a good medical education. Considering the abundant opportunities afforded by our hospitals for imparting clinical instruction, and the able and accomplished teachers we can command, it is evident that a right method of employing the advantages at our disposal is needed in most of our schools, rather than an increase in the number of teachers or hospitals.

The *Chicago Medical Journal* makes the following propositions, as embodying the principal changes necessary to perfecting our schools. 1st, a division of the several departments into two groups, the first embracing all those branches usually considered elementary, and the second all those more directly practical; 2d, an extension of the collegiate year, to allow two full lecture terms, one for each of the two proposed groups of departments; 3d, such a limit to the number of lectures per day as will allow adequate time for dissections and clinical instruction; 4th, access to the wards of a well-regulated hospital, an attendance on which being requisite for graduation. Our limits will not permit us to enter into the details of the plan of organization proposed by the *Journal*, but the above outline is sufficiently intelligible. We think this plan must commend itself to the candid mind as founded on correct principles, and as being in the main practicable. We may state, by the way, that it has already been adopted, in its essentials, by the Massachusetts Medical College, but with some improvements; instead of an elementary course of instruction composed exclusively of lectures, text books are employed, upon which the students are examined at regular intervals, while at the same time classi-

cal instruction is pursued, and the study of practical anatomy is followed. The length of time devoted to the elementary department, however, is longer than that proposed by the *Chicago Journal*, extending from March to November, with a month's vacation, while the second term embraces the four months from November to March. Thus the entire course embraces a year, with the exception of two months' vacation. We think that this plan of instruction by recitations is a great improvement on that by lectures. There is no way of imparting knowledge to a class of students which compares with it, and the Faculty of the Massachusetts Medical College have wisely adopted it as the method to be chiefly employed during the elementary course.

We trust that due attention will be paid to this important subject by the Association, at the approaching session. Upon the completeness of medical education depends the welfare of the profession. It is only by offering to the public a body of well-instructed physicians that we can successfully oppose the thousand forms of empiricism with which the community is deluged. It is not merely the love of the marvellous, nor simple credulity, that induces men to trust their health or their lives to the hands of men who have never received a medical education. We are afraid that in some instances it is because the regular physician is only half educated, and the quack, by the exercise of a little common sense and shrewdness, and the avoidance of active treatment, allows the natural powers of the patient's constitution to triumph, when they would otherwise have been crushed by the weight of treatment directed against their temporary disorder. Quackery must continue to exist, so long as human nature shall endure, but in proportion as the standard of medical education is raised, and as the public are enlightened on the subject of hygiene, will its evils become less and less felt.

HEALTH AND LONGEVITY IN AMERICA.

In a late number of the London *Lancet*, that Journal alludes to the supposed degeneration of the physical condition of the inhabitants of this country, which it ascribes mainly to the theoretical notion that "the races of men can permanently maintain themselves and thrive in those countries alone to which they originally belong, or as chiefly associated with which they come down to us in the archives of the world's history." The apparent contradictions to this theory are met by the reply that those quarters of the globe at present peopled by races foreign to the soil are in reality continually restocked by immigration, and that this influx must be arrested for a sufficient length of time before we can determine how the foreign race could propagate and maintain itself in its adopted clime. The *Lancet* asks, is the Spaniard thriving in South America, or the Celt and the Saxon in its northern half, under the limitations we require?

We reply that the Celt and the Saxon are thriving in the northern regions of America, and that they do not depend upon immigration alone for their rapid multiplication. It is true, the largest mortality is to be found among the late arrivals, but this fact only shows that their mortality is chiefly owing to the destitution, neglect and ignorance which they brought with them from the mother country. The Irishman flourishes on the American soil. Ignorant and oppressed, the victim of misery and epidemic disease, he is apt to die after undergo-

ing the hardships of a sea voyage, or when exposed to the unwholesome influences of filth and impure air in the crowded dwellings of the poor. But once established, he multiplies rapidly, and successive generations improve in intelligence, in wealth and in health, under the advantages of a free government, and a fair field for the development of all their powers.

As to the Anglo-Saxon, the American soil appears to be almost as congenial to him as the land of his forefathers. This at least is true in New England, where the average duration of life is very great among the native-born. We hardly know a country where the instances of very long life are so common. It is by no means very rare to witness examples of individuals who attain the age of one hundred years and upwards, and we have lately cited instances of the great longevity of those whose deaths are recorded in the daily newspapers. The real cause of ill health and shortness of life in this country will be found not so much in the want of adaptation to the climate as in the disregard of hygienic measures. When we exercise as much in the open air as our English brethren, when we make the pursuit of wealth secondary to the pursuit of happiness, we may expect to lengthen our average duration of life, and to increase our average amount of good health.

BOSTON MEDICAL ASSOCIATION.

A SPECIAL meeting of the Boston Medical Association was held at the Medical Societies' Room, in Temple Place, on Wednesday, April 7th, 1858, at 4, P.M.

Dr. JOHN HOMANS was elected Chairman. The following resolutions were unanimously adopted:—

Resolved, That the Boston Medical Association will send five delegates to the Quarantine Convention to be held at Baltimore on the 29th instant.

Resolved, That a Committee of five be appointed by the Chair, with full power to appoint said delegates.

The Special Committee, to whom was referred the alteration of the twenty-second Rule, in regard to the admission of members, reported an order rescinding the clause which obliges new members to transmit a circular informing each member of their having joined the Association, and substituting the following words: "The names of new members shall be published from time to time, at the discretion of the Secretary, in the Boston Medical and Surgical Journal."

Dr. BOWDREN offered the following resolutions, which were referred to the Standing Committee, with instructions to report at the next meeting:—

Resolved, That in consequence of the system of extended credits being no longer sustained by the community, it becomes necessary for the medical profession to act more strictly in accordance with the spirit of the nineteenth of the Rules and Regulations.

Resolved, That it is hereby recommended to the members of the profession in Boston to present their regular bills as often as once in three months, and to collect all fees for consultation and for the treatment of isolated cases immediately after such consultation and such treatment.

Voted to adjourn.

JOHN B. ALLEY, *Secretary*.

National Scientific Meetings.—The American Association for the Advancement of Science will hold its annual meeting at Baltimore, beginning on Wednesday next. The citizens of Baltimore are making extensive preparations for the reception and entertainment of delegates. The annual meeting of the Quarantine Convention will be held also in Baltimore at the same time, and the American Medical Association will meet at Washington on Tuesday, May 4th. We understand that a large number of delegates from Boston will attend these meetings.

Confidential Disclosures made by a Patient to his Physician not to be allowed as Evidence.—In the trial of Ira Stout, at Rochester, N. Y., for the murder of Mr. Littles, the testimony of physicians sent by the coroner to examine the prisoner in his cell, for the purpose of obtaining evidence against him, was offered, but objected to, as coming under the statute of New York which excludes the evidence of a physician relative to matters of confidence with his patient. There was a difference of opinion among the judges, as to whether the testimony should be allowed, but the majority were for a liberal construction of the law, and sustained the objection, on the ground that the prisoner had reason to believe that the physicians came to him to administer for his relief, and that therefore the district attorney was not at liberty to prove by them the condition in which they found him.

Anonymous Communications.—We some time since intimated to correspondents that no anonymous communications could be published in the JOURNAL. This rule, which is so generally adopted by editors, commends itself at once to every reasonable mind. Twice lately, papers have been sent to us unaccompanied by the names of the writers: and we have been obliged to insert a request, in our list of communications, that they might be sent. We trust that correspondents will hereafter be mindful of this regulation. Valuable papers may thus be delayed until their publication is perhaps useless, and may be lost altogether to the medical community.

The Oglethorpe Medical and Surgical Journal is the title of a new medical periodical published in Savannah, Ga., by the Faculty of the Oglethorpe Medical College, and edited by Drs. H. L. Byrd and Holmes Steele. It is a well-printed journal of 64 octavo pages, and is issued bi-monthly at two dollars per annum.

MARRIED.—At Roxbury, 14th inst., Thomas B. Wales, M.D., to Miss S. Elizabeth Blanchard.—At West Roxbury, 13th inst., Dr. J. M. Pitts to Miss Nancy Chase.—At Billerica, Dr. George W. Vinal, of Andover, to Miss Harriet B. Merriam, of Billerica.

DIED.—In Evansville, Ind., Dr. John Pocock Holmes, a member of the British College of Surgeons, and noted for several valuable inventions. Dr. Holmes was formerly in the employ of the Hudson's Bay Company, and was the intimate friend of Capt. Parry, the Arctic Navigator. In his later years he became blind and paralyzed, and finally died in misery and obscurity.

Deaths in Boston for the week ending Saturday noon, April 24th, 65. Males, 39—Females, 26.—Accident, 1—disease of the bowels, 1—congestion of the brain, 1—cancer, 1—consumption, 9—croup, 1—diarrhoea, 1—dropsy, 2—infantile diseases, 8—exhaustion, 1—typhoid fever, 4—scarlet fever, 3—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 4—marasmus, 2—measles, 6—old age, 2—peritonitis, 1—pleurisy, 2—scrofula, 1—scalded, 1—suicide, 1—teething, 1—thrush, 1—unknown, 2—whooping cough, 3.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 46—Ireland, 12—other places, 7.

Middlesex South (Mass.) District Medical Society.—At a meeting of this Society, held on the 21st inst., at Waltham, the following persons were chosen officers for the ensuing year, viz., *President*—Morrill Wyman, M.D., Cambridge. *Vice President*—Simon Whitney, M.D., Framingham. *Secretary*—Otis E. Hunt, M.D., Weston. *Treasurer*—R. S. Warren, M.D., Waltham. *Supervisors*—Drs. Theodore Kittridge, Samuel Richardson, J. M. Whittemore. *Censors*—Drs. Morrill Wyman, Horatio Adams, Moses Clarke. *Commissioner on Trials*—Anson Hooker, M.D. *Councillors*—Drs. Luther V. Bell, J. H. Brown, Jefferson Pratt, Howland Holmes, A. H. Blanchard, H. A. Barrett, R. S. Warren, A. W. Whitney, Edward Warren, J. W. Bemis, R. L. Hodgdon, C. H. Allen, G. I. Townsend. *Orator*—Jacob Hays, M.D. *Orator's Substitute*—J. W. Bemis, M.D. *Delegates to the Am. Med. Association*—Drs. Luther V. Bell, Moses Clarke, Horatio Adams, C. F. Foster, Morrill Wyman, Augustus Whiting, W. W. Wellington, J. W. Bemis, Anson P. Hooker, C. D. Dowse, Ira Russell. OTIS E. HUNT, Sec'y.

The Thirteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held in the city of Quebec, C. E., to commence on the second Tuesday in June, at 10 o'clock, A. M.—*Amer. Journal of Insanity*.

University of Maryland—Medical Department.—The following changes have recently been made in the Faculty of this school. Prof. R. H. Thomas has, in consequence of protracted ill health, resigned the chair of Obstetrics. Dr. Geo. W. Mittenberger, Professor of Materia Medica and Therapeutics, has been transferred to the chair of Obstetrics, and Charles Frick, M.D., has been elected to the Professorship of Materia Medica and Therapeutics. Dr. Frick is extensively known by his various valuable contributions to our science, and his accession will add materially to the strength of the school.—*Philad. Med. News and Library*.

New Orleans School of Medicine.—The second Annual Commencement of this school took place March 31st. The whole number of the class for the session was 126; and of these, 33 received the degree of Doctor of Medicine. Of the graduates, there were of Louisiana, 9; Mississippi, 7; Alabama and Tennessee, 4 each; North Carolina and Texas, each 2; California, Arkansas, Georgia, Cuba and Germany, each 1.

Ovariectomy.—This operation was performed by Dr. W. H. Mussey, of Cincinnati, in the month of February last. The patient was living a month afterwards, and there was a fair prospect of recovery. The mass removed weighed twenty-one pounds. Vomiting and diarrhoea were troublesome symptoms for several days after the operation. The stitches were removed on the fourth day. The ligatures separated on the nineteenth and twenty-fourth days.—*Cincinnati Lancet and Observer*.

Glycerine in Dysentery.—M. Daude, a French provincial practitioner, reports that during a severe epidemic of dysentery he found the employment of glycerine of the greatest utility. He prescribed one ounce of glycerine in five ounces of decoction of linseed, in an injection, repeated twice a day, and two spoonful every hour of the following mixture:—Glycerine, 11 drachms; orange-flower water and water equal parts, so as to make a five ounce mixture.—*L'Union Med.*

Vaccination with a Magnetized Needle.—Professor Beka states that since 1856, hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetization serving for many vaccinations. It is quite surprising to observe the rapidity with which the vaccine virus is absorbed when the needle is thus prepared.—*Presse Med. Belge*.

Chlorote of Potassa in Gonorrhœa.—Dr. A. S. Palmer says, in the *Cincinnati Lancet and Observer*, that he has used the chlorate of potassa in a number of cases of gonorrhœa as an injection, with decided advantages; not one case has failed of being cured within five days. He uses it in the proportion of six grains to the ounce of rain water.